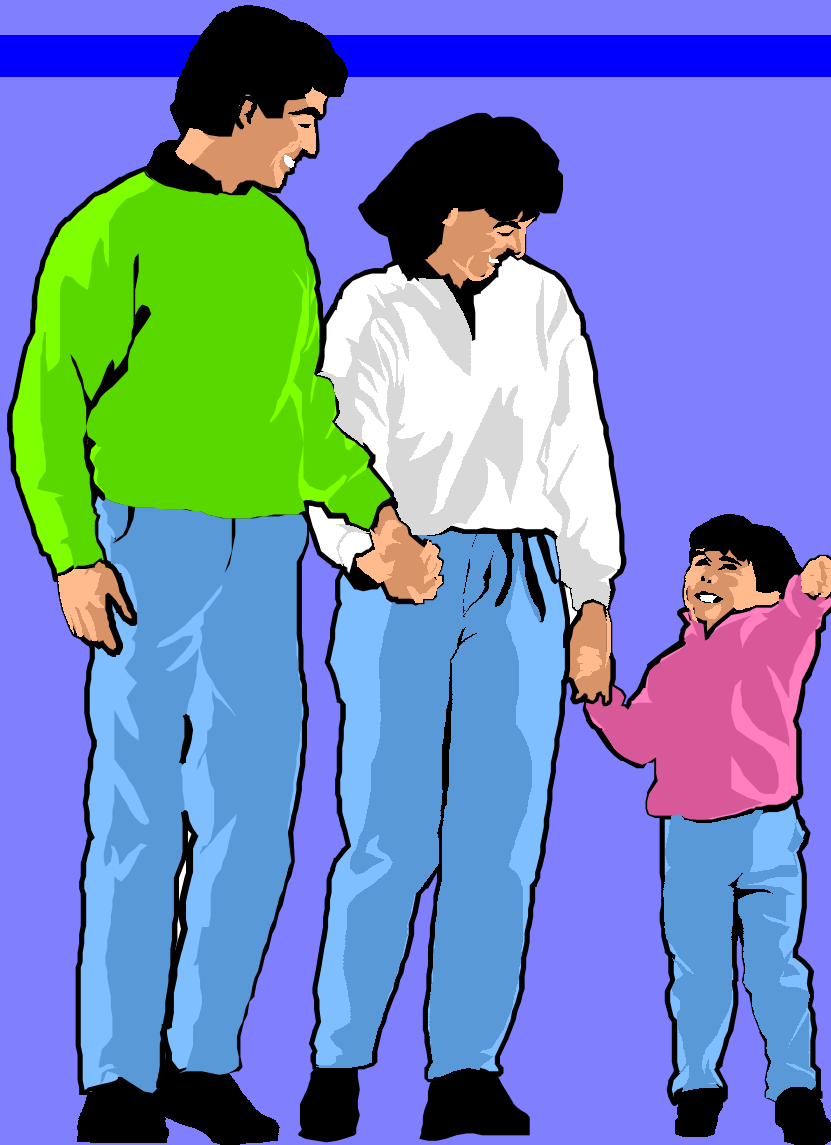


Utah Medicaid HMO Performance Report



Compare Your Choices

1999 Consumer Survey Results (CAHPS)
1998 HMO Performance Measures (HEDIS)

From the Utah Department of
Health July 2000

Dear Consumer:

Since Utah Medicaid clients along the Wasatch Front moved to managed health care in 1995, it's been important for them to learn as much as possible about the performance of their plans. To help consumers make more informed choices, we are pleased to present our third annual report.

This report looks at the performance of the five Medicaid HMOs (health maintenance organizations) serving clients along the Wasatch Front. You'll see how plan members view the services they receive, and how well these plans deliver preventive care.

We've added some new preventive health care measures to this year's report, such as well-child visits for 0 to 15 month old infants, initiation of and ongoing prenatal care for pregnant women, and eye exams for people with diabetes. We have also added a national average when one exists and overall Utah Medicaid HMO averages for comparison.

We wish you good health, and hope this report helps Medicaid clients choose the right HMO for themselves and their families.

Michael Deily
Director
Division of Health Care Financing
Utah Department of Health

Acknowledgments

Utah Department of Health

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Scott Williams	Deputy Director

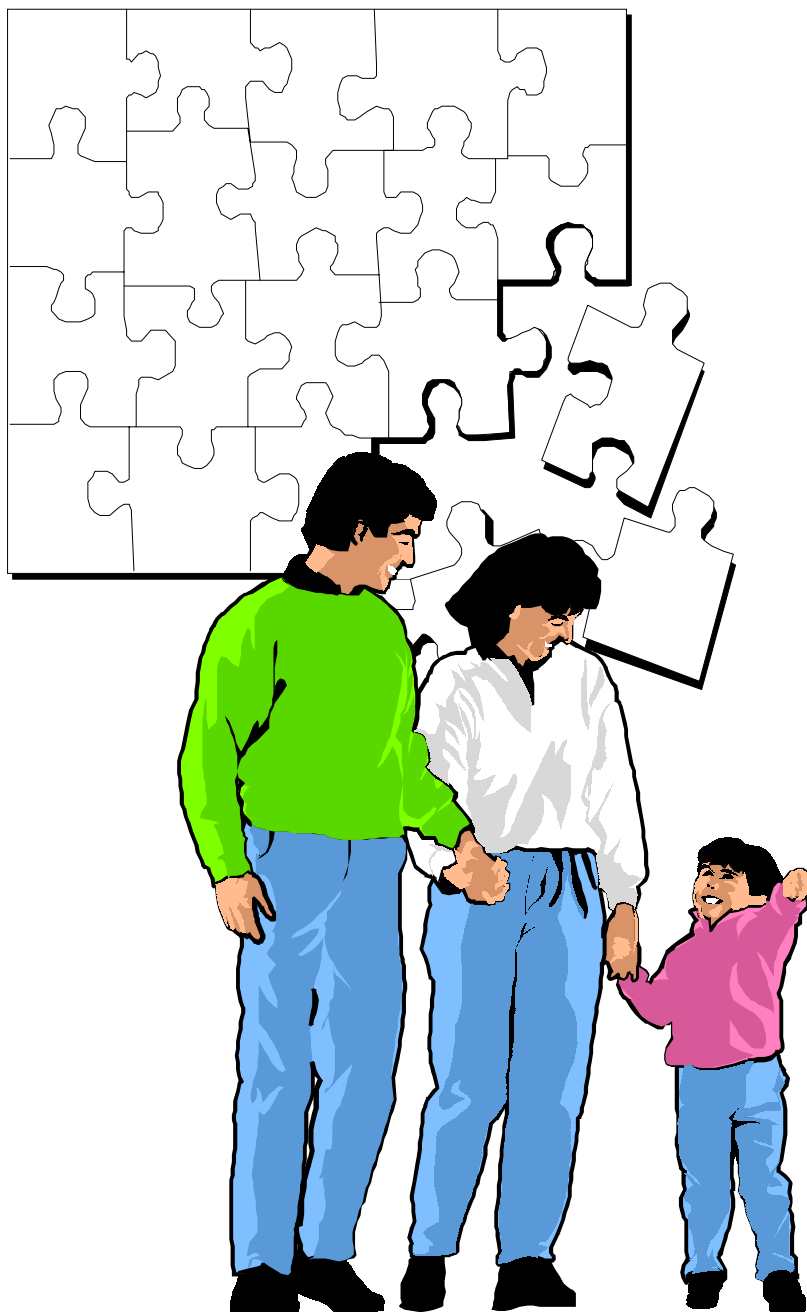
Medicaid

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You have the right to get medical care regardless of your race, color, nationality, disability, age, sex, or religion. If you feel you have been treated unfairly or discriminated against for any reason, call your HMO and ask to speak with the Civil Rights Coordinator.

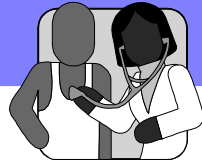


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About HMOs and Medicaid

What are HMOs and how do they work?



If Medicaid clients live in Davis, Salt Lake, Utah, or Weber County, they probably are enrolled in an HMO (Health Maintenance Organization).

What is an HMO?

An HMO offers prepaid health coverage for hospital, doctor, and other medical services. The HMO contracts with certain doctors, hospitals, and other health care providers who work together to provide care to the members of the HMO.

Which HMOs can clients choose from?

(See page 6 for HMOs available in each county.)

- Altius* (purchased PacifiCare in Oct., 1998)
- American Family Care (AFC)
- Healthy U (University of Utah HMO)
- IHC Access (Intermountain Health Care)
- MedChoice (UnitedHealthcare)

* As of October 1, 2000, Altius is no longer a choice for Medicaid clients.

What is Medicaid?

How do Medicaid HMOs work?

- Medicaid provides health coverage for eligible people who may not have other health insurance.
- Medicaid contracts with HMOs to cover most Medicaid benefits. (See page 20 for Medicaid benefits not covered by HMOs.)
- Each HMO contracts with certain doctors and hospitals who work together to provide health care to the members of the HMO.

How do clients choose their HMO?

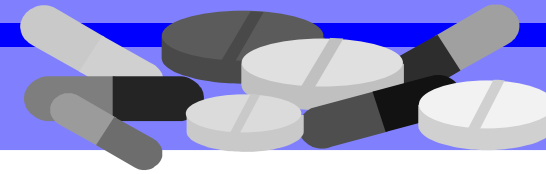
When approved for Medicaid, clients receive information about the Medicaid HMOs offered in their county. Clients should read the information and talk with their Health Program Representative (HPR) or Bureau of Eligibility Services (BES) worker about HMOs in their area. The HPR and BES workers know which doctors, hospitals, and other providers each HMO offers. Then clients can choose the HMO which best fits their needs.

How do clients change their HMO?

Clients contact their HPR or BES worker to request a change. Changes made by the 20th of the month are effective on the first day of the following month.

HMO Choices

How should Medicaid clients choose an HMO?



Choosing the right HMO is important. Clients should choose the HMO that best meets their needs.

When choosing an HMO the following questions should be asked:

1 Are the client's preferred doctors and other health care providers available in the HMO?

If the client wants to see specific doctors and other providers, the client should find out if they participate in the HMO. To get this information, clients may contact their Medicaid HPR or BES worker.

2 Which HMOs are available in the client's geographic area?

Not all HMOs are offered in all four counties of the Wasatch Front. See page 6 for information on plans available in the area.

3 Which HMOs performed best in this report?

Start with the HMOs that seem to best fit the client's needs, in terms of geographic availability and preferred providers. Then, check the performance of those HMOs in this report.

Clients should pay the most attention to issues that are most important to their family. For example, if they have children, they might be most interested in the performance measures in the Care for Children & Adolescents section.

Clients should look at all measures that contribute to an HMO's performance, not just results for one measure. Clients should not make decisions based on small differences that are not meaningful (that don't change the number of stars reported). The results reported here are averages; an individual client's experiences may differ.

To get additional information from the HMOs they are most interested in joining, clients may use the telephone numbers for HMOs, HPRs and BES workers, and Medicaid are listed on page 20.

How to Read This Report

The information in this report is based on a survey of plan members conducted by the Department of Health and audited information from HMO records. Each measure is reported two ways, in a table and a graph:

-Tables with stars summarize results and show how the HMOs compare.

-Bar graphs show each HMO's actual scores.

Sources of Information

How was the information in this report collected?

This report was prepared by the Bureau of Managed Health Care and the Office of Health Care Statistics in the Utah Department of Health. There are two sources for the performance information presented in this report—consumers and HMOs.

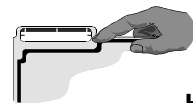


Consumer Survey (CAHPS)

Almost 2,700 members in five Medicaid HMOs completed telephone interviews in the Summer of 1999. The representative sample included adult HMO plan members and parents of children enrolled in an HMO. Over 35% of those reached by phone completed an interview. DataStat, an independent survey company, conducted the interviews and delivered the data to the Office of Health Care Statistics for analysis.

The survey asked Medicaid clients about their experiences with their HMO and their medical care during the last six months. It asked about things members know best, such as “Was it easy to get care?” and “Did doctors explain things in a way you could understand?”

The survey questionnaire used, CAHPS (Consumer Assessment of Health Plans), was developed by the U.S. Department of Health and Human Services, Agency for Health Care Policy and Research (AHCPR), and is used nationwide.



HMO Data (HEDIS)

Each HMO collects data from their medical or administrative records using a measuring tool called HEDIS[®] (Health Plan Employer Data and Information Set). HEDIS measures reported here tell the percent of children who received the recommended number of Well Child Visits, the percent of women who started prenatal care in their first trimester of pregnancy, etc.. In addition to preventive health measures, HEDIS includes measures for the percentage of doctors in an HMO who have completed their residency training and the percentage who have obtained board certification in their specialty area. Some measures require data for two years; HMOs who have been Medicaid contractors for less than the required measurement period cannot report data for such measures.

HEDIS measures are developed by NCQA (the National Committee on Quality Assurance), a not-for-profit organization that assesses, measures, and reports on the quality of health care provided by the nation's managed care industry.

All HMOs collect data in the same way so they can be compared fairly. To assure the accuracy of the HEDIS measures, the plans must have their data verified by an independent NCQA Certified auditor.

Facts About Utah Medicaid HMOs



	Altius	American Family Care	Healthy U	IHC Access	UnitedHealthcare MedChoice
Which HMOs are available in each county?	Davis/Salt Lake	Davis/Salt Lake, Utah/ Weber	Davis/Salt Lake/ Utah/Weber	Davis/Salt Lake/ Utah/ Weber	Davis/Salt Lake/ Weber
Average monthly Medicaid enrollment in 1999	4,980	4,343	5,720	35,636	22,476
Disenrollment rate per 1000 Medicaid enrollees in 1999	7.93	8.13	7.49	2.02	2.45
*Primary Care Providers who have completed board certification	83.2%	86.0%	90.5%	84.7%	81.0%
*Primary Care Providers who have completed their residency	98.5%	100.0%	98.4%	90.3%	97.0%
*Obstetricians/gynecologists who have completed board certification	88.5%	88.0%	86.5%	80.9%	91.0%
*Obstetricians/gynecologists who have completed their residency	100.0%	100.0%	100.0%	80.9%	97.0%
*Pediatricians who have completed board certification	NR	NA	94.8%	74.1%	84.0%
*Pediatricians who have completed their residency	NR	NA	100.0%	91.7%	84.0%

*Board Certification/Residency Completion

The quality of the HMO's doctors has a significant impact on the overall quality of care delivered to HMO members. As a result, consumers are interested in information that will help them assess "how good" an HMO's doctors are. While it is very difficult to directly measure the quality of every doctor in an HMO, it is possible to measure board certification and residency training.

Board certification tells what percent of HMO physicians have sought and obtained board certification. While there are valid reasons why doctors may not have sought and obtained board certification, and board certification alone is not a guarantee of quality, it provides a basic floor established by standardized specialty competency testing.

Residency and/or fellowship training comprises the necessary postgraduate medical education to qualify for board certification. HEDIS 2000 looks at the percentage of doctors in an HMO who have completed the training (Residence Completion) and the percentage who are board certified in their specialty (board certification).

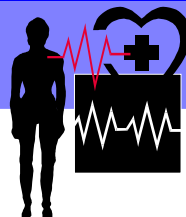
**As of Oct. 2, 2000, Altius is no longer a choice for medicaid clients.

NR: Not Reported

NA: Not Applicable

HMO Access and Services


Do Medicaid clients have access to the care and services they need?



Stars compare each HMO's score to the average score for Utah Medicaid HMOs and show differences among HMOs. Three stars mean higher than average performance. If all HMOs have 2 stars, all HMOs are about the same. Graphs on the next page show scores for each plan on these topics. Just because an HMO has one or two stars does not necessarily mean their performance is substandard.

Performance Compared to the Average

- ★★★ **Higher.** HMO score is above the average for Utah Medicaid HMOs.
- ★★ **Average.** HMO score is neither higher nor lower than the Utah Medicaid HMO average.
- ★ **Lower.** HMO score is below the average for Utah Medicaid HMOs.

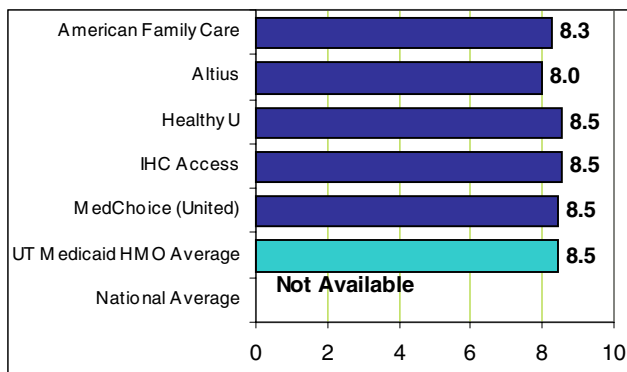
HMO		Rating of the HMO	Getting needed care	Getting care quickly	Customer service
Altius		★	★★	★★	★
American Family Care		★	★★	★★	★★
Healthy U		★★	★★	★★	★
IHC Access		★★	★★	★★	★★
MedChoice (UnitedHealthcare)		★★	★★	★★	★★
Utah Medicaid HMO Average		★★	★★	★★	★★

NA is not applicable: There were too few cases to report a valid rate, or the HMO did not serve Medicaid clients for the full time period being measured.

NR is not reported: The measure was "materially biased," the HMO chose not to report it, or the HMO did not calculate the measure although a population existed for which the measure could have been calculated.

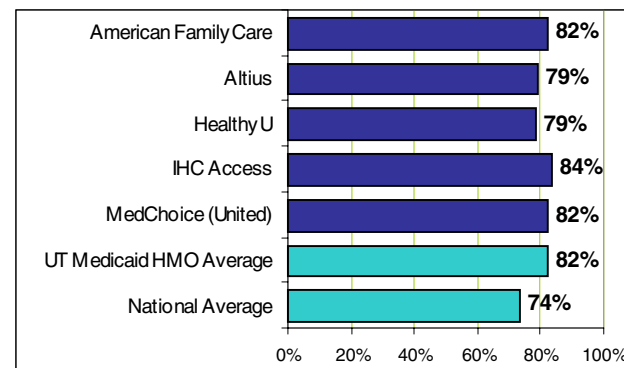
Rating of HMO (CAHPS)

The graph below shows the average score of people who rated their HMO on a 0 to 10 point scale, with 10 being the best.



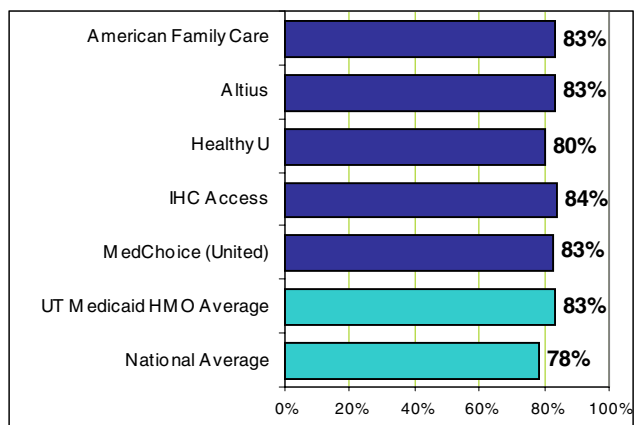
Getting needed care (CAHPS)

The graph below shows the percent who responded “not a problem” when asked about getting: 1-a personal doctor they are happy with, 2-a referral to see a specialist, 3-necessary care, and 4-timely approvals for care.



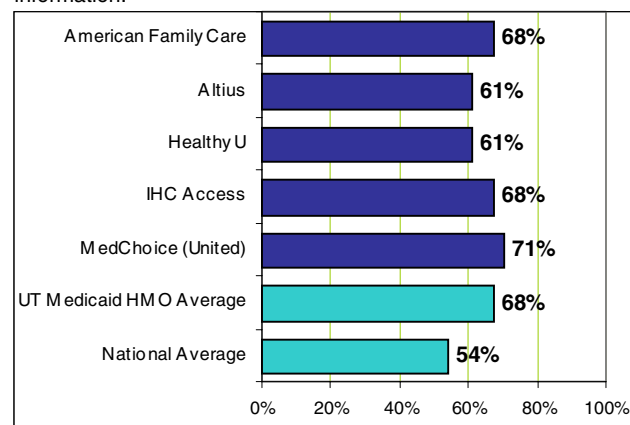
Getting care quickly (CAHPS)

The graph below shows the percent who responded “always” or “usually” when asked about getting: 1-advice, 2-timely appointments, and responded “never” or “sometimes” to 3-waiting over 15 minutes past their appointment time.



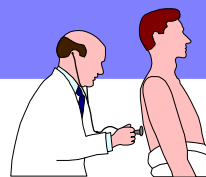
HMO customer service and information (CAHPS)

The graph below shows the percent who responded “not a problem” when asked about: 1-getting needed help from customer service and 2-finding or understanding written HMO information.



Doctors and Medical Care


Are Medicaid Clients satisfied with their doctors and other health care providers?



Stars compare each HMO's score to the average score for Utah Medicaid HMOs and show differences among HMOs. Three stars mean higher than average performance. If all HMOs have 2 stars, all HMOs are about the same. Graphs on the next page show scores for each plan on these topics. Just because an HMO has one or two stars does not necessarily mean their performance is substandard.

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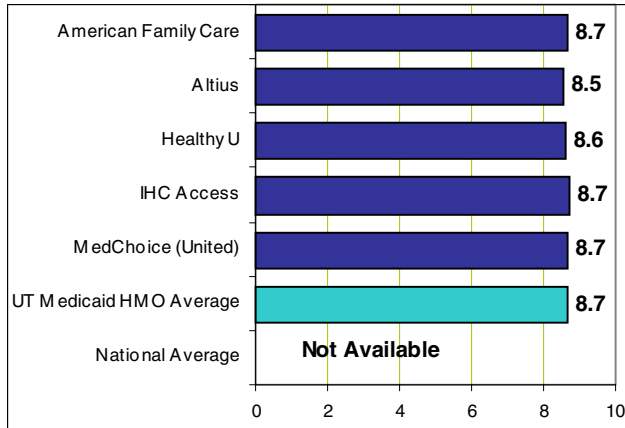
HMO		Rating of health care	Rating of personal doctor	Rating of specialist seen most	How well doctors communicate	Treated with courtesy and respect
American Family Care		★★	★★	★★	★★	★★
Altius		★★	★★	★★	★★	★★
Healthy U		★★	★★	★★	★★	★★
IHC Access		★★	★★	★★	★★	★★★★
MedChoice (UnitedHealthcare)		★★	★★	★★	★★	★★
Utah Medicaid HMO Average		★★	★★	★★	★★	★★

NA is not applicable: There were too few cases to report a valid rate, or the HMO did not serve Medicaid clients for the full time period being measured.

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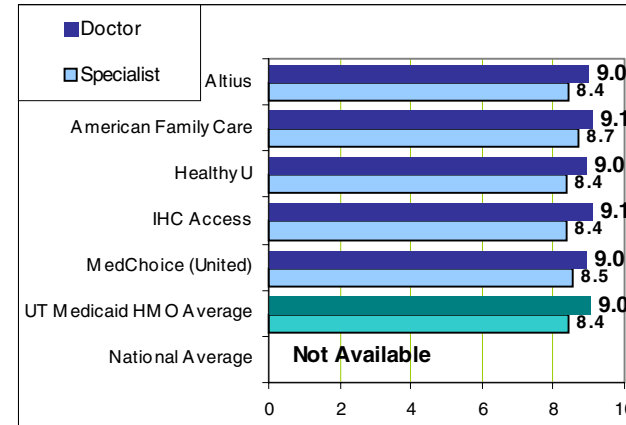
Ratings of personal doctor/nurse & specialist (CAHPS)

The graph below shows the average scores of people who rated their: 1-personal doctor or nurse and 2-the specialist seen most often, on a 0 to 10 point scale, with 10 being “best possible.”



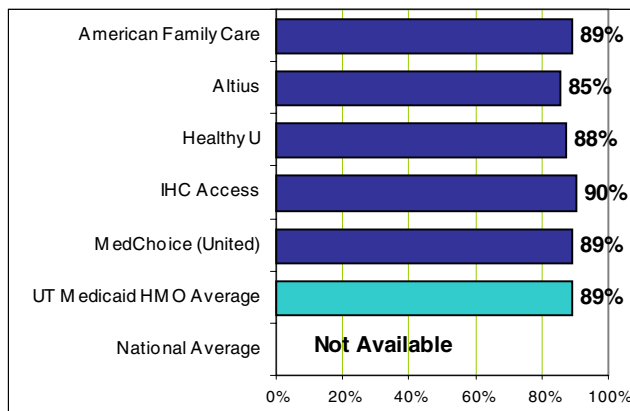
Rating of health care (CAHPS)

The graph below shows the average score of people who rated their health care on a 0 to 10 point scale, with 10 being “best health care possible.”



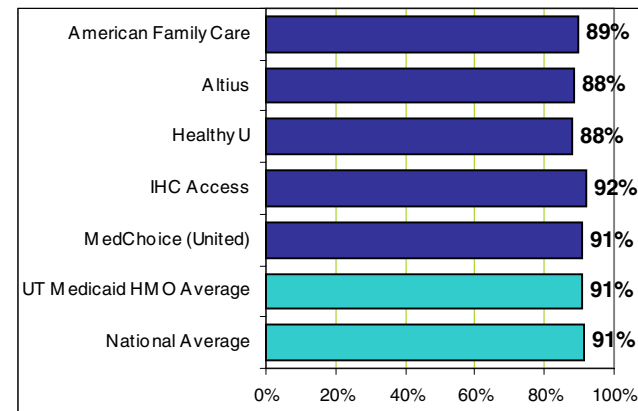
How well doctors communicate (CAHPS)

The graph below shows the percent of people who responded “always” or “usually” when asked about their doctor: 1-listening carefully, 2-explaining things clearly, 3-showing respect, 4-spending enough time with them.



Treated with courtesy & respect by office staff (CAHPS)

The graph below shows the percent of people who responded “always” or “usually” when asked if office staff: 1-treated them with courtesy and respect, and 2-were as helpful as they should be.



Prenatal care & child birth

Does the HMO help women monitor their pregnancy?



Stars compare each HMO's score to the average score for Utah Medicaid HMOs and show differences among HMOs. Three stars mean higher than average performance. If all HMOs have 2 stars, all HMOs are about the same. Graphs on the next page show scores for each plan on these topics. Just because an HMO has one or two stars does not necessarily mean their performance is substandard.

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- ★ **Lower.** HMO score is below the average for Utah Medicaid HMOs.

HMO	Initiation of prenatal care	Prenatal care done in first trimester	Frequency of ongoing prenatal care	Check-ups for new mothers	Cesarean section birth rate*
American Family Care	★★★	★★★	★★★	★★★	★
Altius	★	★	★	★	☆☆☆
Healthy U	NR	NR	NR	NR	☆☆☆
IHC Access	★★★	★★	★★★	★★★	☆☆
MedChoice (UnitedHealthcare)	★	★	★	★	★
Utah Medicaid HMO Average	★★	★★	★★	★★	☆☆

Lower rate=☆☆☆

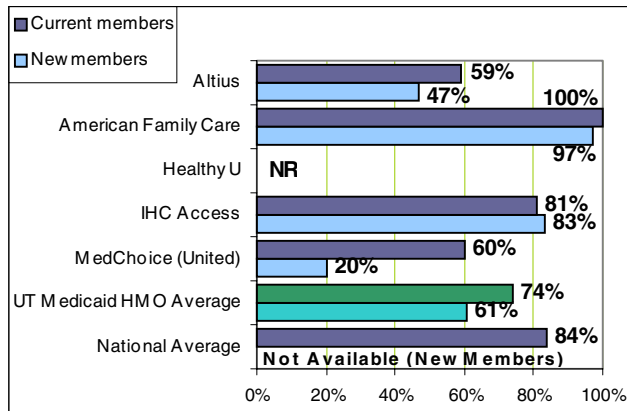
NA is not applicable: There were too few cases to report a valid rate, or the HMO did not serve Medicaid clients for the full time period being measured.

NR is not reported: The measure was "materially biased," the HMO chose not to report it, or the HMO did not calculate the measure although a population existed for which the measure could have been calculated.

*Three stars means a lower c-section rate which is better

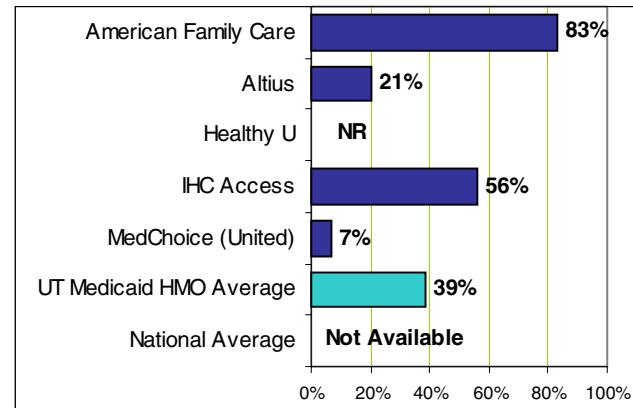
Early prenatal care for pregnant women (HEDIS)

Early prenatal care contributes to having a healthy baby. For current members, the percent of women who had their first prenatal visit during the first 13 weeks of pregnancy is shown in the graph below. For new members enrolling when already pregnant, the graph shows the percent who began prenatal care within 6 weeks of enrollment.



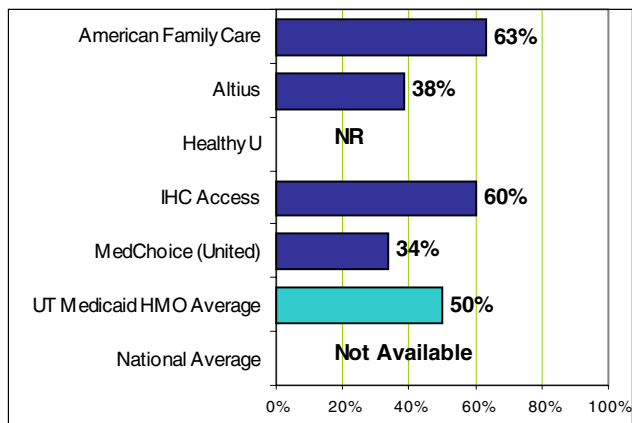
Frequency of ongoing prenatal care (HEDIS)

Visits should occur every 4 weeks during the first 28 weeks of pregnancy, every 2 to 3 weeks for the next 7 weeks, and then weekly until delivery. The graph below shows the percent of pregnant women who had more than 80% of the expected number of visits.



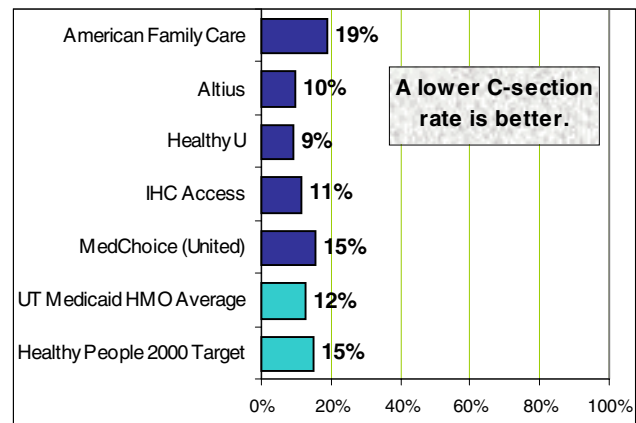
Check-ups for new mothers (HEDIS)

During a visit, providers can check a new mother's recovery from childbirth and answer any questions. The graph below shows the percent of new mothers who received a check-up within eight weeks after delivery.



Cesarean section birth rate (HEDIS)

Like all surgeries, Cesarean section deliveries require longer recovery times than vaginal births, and complications are more common with babies born by C-section. The graph below shows the percent of births delivered by C-section, a procedure for surgical delivery.



Since the national average was not available for this measure, Health people 2000 target was used instead

Preventive Health Care


Does the HMO promote preventive health care?



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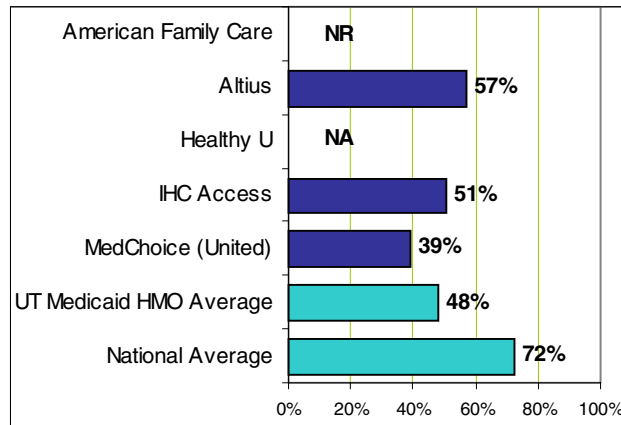
HMO		Breast cancer screening	Cervical cancer screening	Eye exams: people with diabetes	Adult's access to preventive & ambulatory health services
American Family Care		NR	★	★★	★★★
Altius		★★★	★★★	★★★	★
Healthy U		NA	NR	NR	★★
IHC Access		★★	★★★	★	★★★
MedChoice (UnitedHealthcare)		★	★	★★	★★
Utah Medicaid HMO Average		★★	★★	★★	★★

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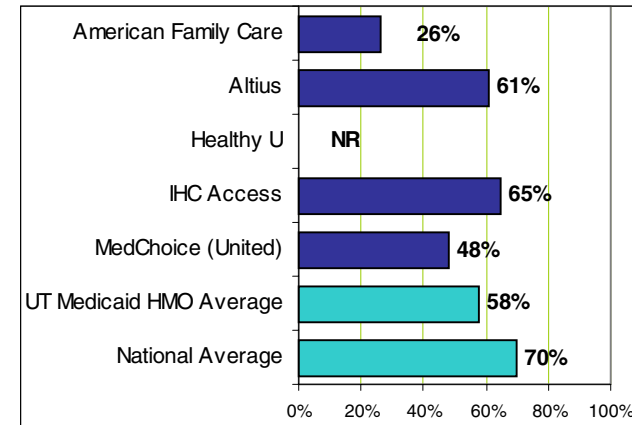
Breast cancer screening (HEDIS)

When breast cancer is discovered early, women have more treatment choices and better chances for survival. The graph below shows the percent of women ages 52-69 who had a mammogram within the past 2 years.



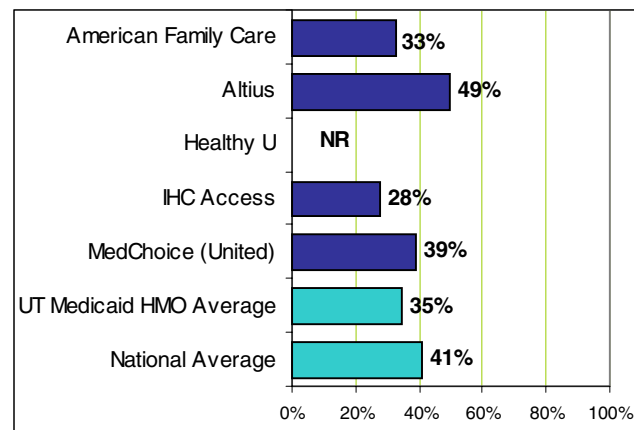
Cervical cancer screening (HEDIS)

Deaths from cervical cancer are significantly reduced by early detection through a Pap test to find cervical cancer. The graph below shows the percent of adult women who had a Pap test within the past 3 years.



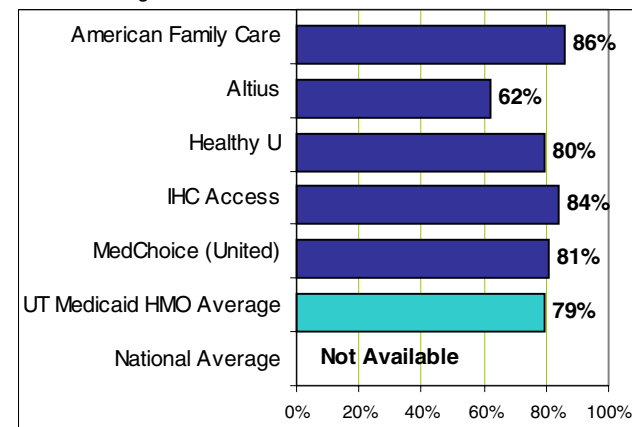
Eye exams for people with diabetes (HEDIS)

Blindness from diabetes can be reduced with early detection through eye exams. The graph below shows the percent of members with diabetes who received an eye exam in the past year.



Adult access to preventive/ambulatory services (HEDIS)

Access to care implies that care is available, patients know of its availability, and they know how to obtain services when needed. The indicator of access used here is the percent of adults who received preventive or ambulatory (walk-in) care. Adults are ages 20-44.



Care for Children & Adolescents

How well does the HMO care for children and teens?



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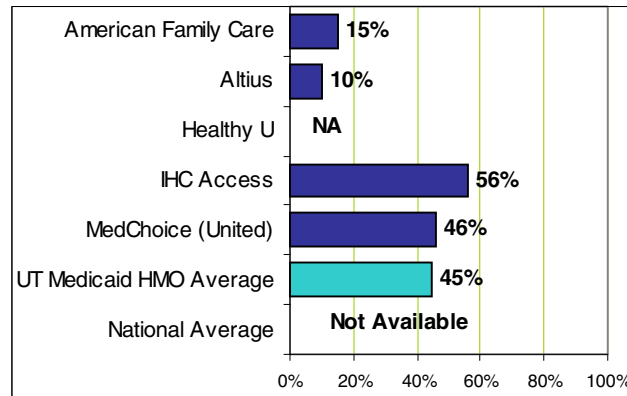
HMO	Well Care Visits		Adolescent well-care ages 12-21 annual visit	Immunization status by age 2
	0-15 months, 6 visits	3-6 years, annual visit		
American Family Care	★	★★★	★	NR
Altius	★	★	★	★
Healthy U	NA	★★★	★	NA
IHC Access	★★★	★★	★★★	★★★
MedChoice (UnitedHealthcare)	★★	★★	★	★
Utah Medicaid HMO Average	★★	★★	★★	★★

NA is not applicable: There were too few cases to report a valid rate, or the HMO did not serve Medicaid clients for the full time period being measured.

NR is not reported: The measure was "materially biased," the HMO chose not to report it, or the HMO did not calculate the measure although a population existed for which the measure could have been calculated.

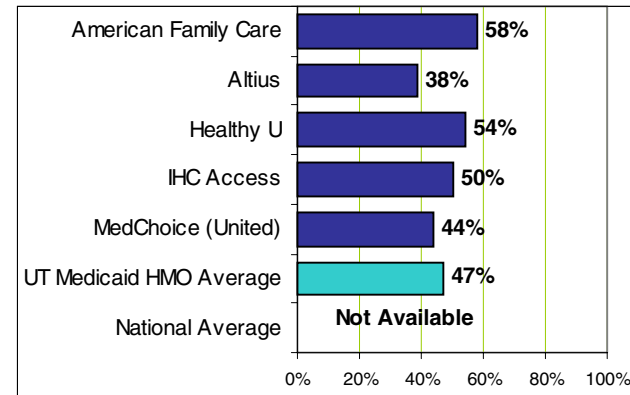
6 well-child visits for 0-15 month-old infants (HEDIS)

Regular check-ups are one of the best ways to detect physical, developmental, behavioral, and emotional problems. Guidance and counseling to parents can also be done. We report the percent of 0-15 month old infants who had 6 or more well-child visits.



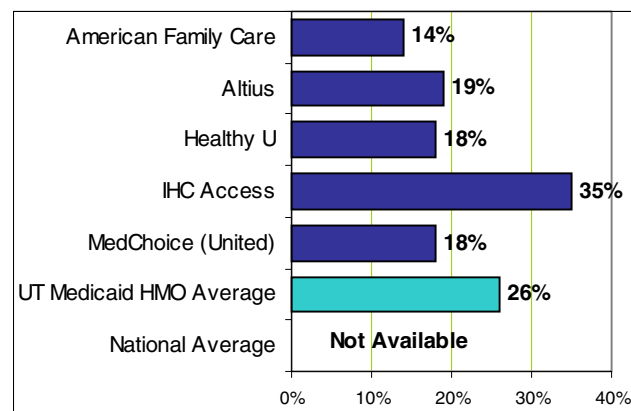
1 well-child visit per year, ages 3-6 (HEDIS)

It is important to detect vision, speech, and language problems early. Intervention can improve communication skills and avoid or reduce learning problems. We report the percent of children, ages 3-6, who had at least one well-child checkup in 1998.



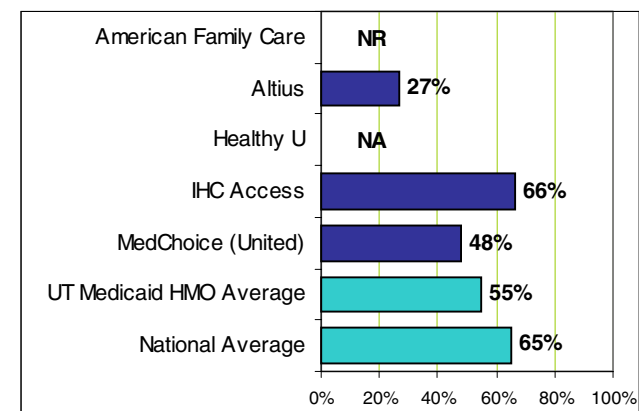
1 well-care visit per year, ages 12-21 (HEDIS)

A well-care visit provides preventive health care that looks at physical, emotional, and social aspects of health. We report the percent of adolescents, ages 12-21, who had at least one such visit in 1998.

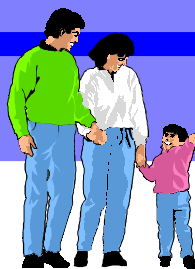


Immunizations for children, by age of 2 (HEDIS)

Immunizations prevent childhood diseases such as polio, measles, mumps, rubella and whooping cough. We report the percent of children who received recommended immunizations by age two.



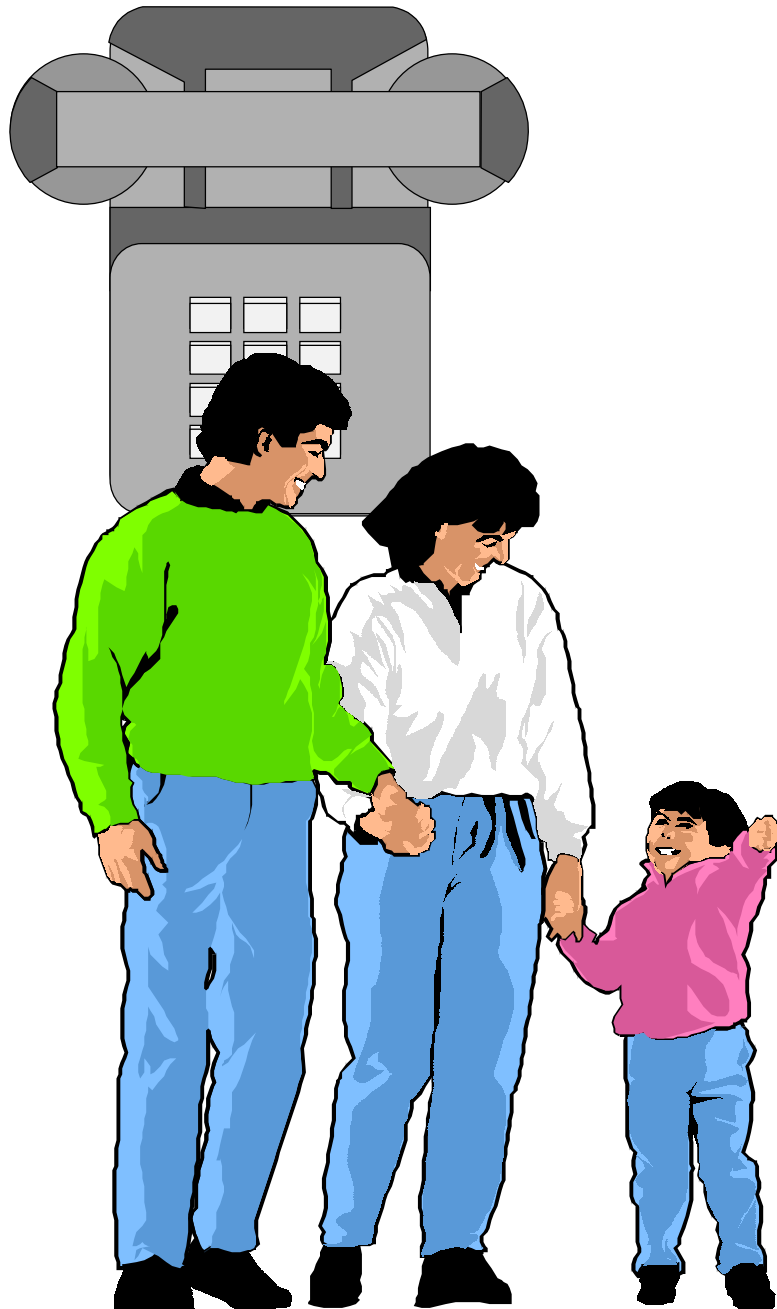
About the People Surveyed



		Altius	AFC	Healthy U	IHC Access	MedChoice UnitedHealthcare	Utah Average
People's overall health status now	Excellent	25%	30%	31%	27%	24%	27%
	Very good	26%	31%	25%	30%	29%	28%
	Good	27%	23%	27%	23%	25%	25%
	Fair	16%	13%	12%	12%	14%	13%
	Poor	6%	4%	5%	7%	6%	6%
Age of plan enrollee	Children 0-17	42%	45%	52%	35%	36%	41%
	Adults 18-24	9%	13%	10%	13%	14%	12%
	Adults 25-34	13%	21%	12%	23%	22%	18%
	Adults 35-44	10%	10%	10%	11%	11%	10%
	Adults 45-54	4%	2%	3%	3%	3%	3%
	Adults 55-64	1%	0%	0%	0%	1%	1%
	Adults 65 or older	21%	9%	13%	14%	14%	14%
Gender of enrollee	Male	23%	20%	22%	20%	24%	22%
	Female	77%	80%	78%	80%	76%	78%
Education of the adult enrollee or the child's parent or guardian	8th grade or less	10%	4%	12%	6%	6%	7%
	Some high school, did not graduate	25%	17%	22%	17%	22%	21%
	High school graduate or GED	36%	43%	38%	35%	39%	38%
	1-3 years of college	22%	28%	21%	31%	26%	26%
	4 yr. College graduate	5%	7%	3%	8%	3%	5%
	More than 4 year college degree	1%	1%	3%	3%	3%	2%
Race/ethnicity of the enrollee	White	68%	82%	57%	80%	74%	73%
	Spanish/Hispanic	20%	11%	30%	13%	17%	18%
	Black	2%	1%	4%	3%	3%	2%
	Oriental	1%	0%	1%	1%	1%	1%
	Indian/native American	3%	2%	4%	1%	1%	2%
	Other/unknown	5%	4%	5%	4%	4%	4%

Use of Health Care Services

		Altius	AFC	Healthy U	IHC Access	MedChoice UnitedHealthcare	Utah Average
Length of coverage by a Medicaid HMO	Less than 1 year	15%	22%	18%	22%	20%	20%
	1 year	15%	29%	27%	23%	28%	25%
	2-4 years	28%	28%	28%	30%	30%	29%
	5 or more years	37%	19%	25%	19%	19%	24%
Has a personal Doctor or nurse	Has personal doctor/nurse (% yes)	70%	87%	67%	84%	78%	68%
Doctor/clinic Number of visits in last 6 months	None	31%	16%	29%	22%	21%	24%
	1-2 times	34%	41%	36%	36%	36%	36%
	3-4 times	18%	23%	16%	18%	19%	19%
	5- 9 times	10%	10%	10%	14%	11%	11%
	10 times	5%	8%	6%	8%	7%	7%
Emergency room visits, last 6 months	None	43%	45%	44%	53%	47%	47%
	1-2 times	50%	44%	45%	36%	44%	43%
	3 or more times	7%	9%	11%	10%	9%	9%
Customer Service	Called HMO Customer Service	28%	36%	25%	30%	30%	30%



HMO	Customer Service
AFC (American Family Care)	1-888-483-0760
Altius	801-323-6200 or 1-800-377-4161
Healthy U	1-888-271-5870
IHC Access	1-800-442-9023
United MedChoice	801-944-7010 or 1-800-401-0666

For information about choosing or changing your Medicaid HMO, call your HPR (Health Program Representative) or BES worker (Bureau of Eligibility Services.)

For information about Medicaid benefits not covered by HMOs call:

Medicaid Information Line..... 1-800-662-9651 or 801-538-6155

Call for pharmacy, dental, chiropractic,
and transportation information

Bus passes Call your eligibility worker

Constituent Services Representative 801-538-6417 or 1-877-291-5583

For Mental Health Services Call:

Davis County (Davis Mental Health) 801-451-7799

Bountiful Outpatient Clinic (24 hrs) 801-298-3446

Layton Outpatient Clinic (24 hrs) 801-773-7060

Salt Lake County (Valley Mental Health)

North Valley Clinic 801-539-7000

West Valley Clinic 801-967-4405

South Valley Clinic 801-566-4423

East Valley Clinic 801-264-2315

24 Hour Crisis Line 801-483-5444

Utah County (Wasatch Mental Health) 801-373-4760

24 Hour Crisis Line 801-373-3793

Weber County (Weber Mental Health) 801-625-3700

24 Hour Crisis Line 801-625-3700

Utah Department of Health

Check Your Health Hotline (Health-related information and referral): 1-888-222-2542 M-F, 8 - 5

Baby Your Baby Hotline (Prenatal and child health care information): 1-800-826-9662 M-F, 8 - 5

CHIP (Children's Health Insurance Program) 1-888-222-2542 M-F, 8 - 5

Immunize by Two 1-800-275-0659 M-F, 8 - 5